

| CLAIMS ONLY | | | | | | | Application Number 10589836 | | Filing Date | | | | | |
|-------------|----|----------|--------|-----------------------|--------|------------------------|--------------------------------|---|-------------|--------|-------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | | | |
| CLAIMS | | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | | | |
| | | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | 1 | | | | | | 51 | | | | | | |
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| Total | | | | | | | | Total | | | | | | |
| Indep | 5 | | | | | | | Indep | | | | | | |
| Depend | 7 | | | | | | | Depend | | | | | | |
| Total | 12 | | | | | | | | | | | | | |

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* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 5 | | | | | |
| Total Depend | 7 | | | | | |
| Total Claims | 12 | | | | | |

May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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